IV	11330	TAT AT	DI <b>V</b>	IS MEN THE AND WELLTH THE STANDARD CERTIFICATE OF DEATH	<u>-62-0359</u>	955
			⊬UBL ∎	Registration District No	STATE FILE NU	MBER
ON THIS STUB	Al	AENDED		FILED OCT 3 1969		
		1 1 1		1. PLACE OF DEATH  a. COUNTY  a. STATE  b. COUNTY		
VS 300 Rev. 4/59	AMENDED	1 1 1	Ι.	MO.	411	admission)
Rev. 4/ 59	温			b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  Length of stay in 1b  C. CITY  OR		Inside Limits
, 1	₹		1.	TOWN ST. LOUIS, MO TOWN St. Louis		Yes 🖸 No 🗋
	<u> </u>	111		HOSPITAL OR I ADDRESS	itside, give location)	Reside on Farm
2 2	DATE.	111	- 1	INSTITUTION ST. LOUIS CITY HOSP #1 Yes   No   4026 Enrig	bt	Yes 🗋 No 🗆
3	' <del>[- </del>		1	3. NAME OF DECEASED First Middle Last 4. DATE	Month Day	Year
		1   1		(Type or print)  RICHARD  BRADILET  OF DEATH	SEPT. 27. 1962	
4 2			- 1	5. SEX 6. COLOR OR RACE 7. Married ☐ Never Married ☐ 8. DATE OF BIRTH 9. AGE (last bir	thday) IF UNDER 1 YEAR	
5 4				Male Negro   Widowed □ ? 9 Divorced □   8-12-01   61	Months Days	Hours Min.
	_		•	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or co	ountry) 12. CITIZEN OF	WHAT COUNTRY
6	<u>§</u> [	111	1	Laborer Florence Ala.	v.s.	A .
7 /	FOLLOW	111	- 1	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAM	AE OF HUSBAND OR WIFE	
	요	$\parallel \parallel \parallel \parallel$		Doc Bradley Gertrude Wilson		
8 /	S S			15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)   (If yes, give war or dates of service)	Address	
_	· 1		1.	No   Sarah Brage A02	28 #Enright	
10	AR		z	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INI	FERVAL BETWEEN
-	잃닝		ž	IMMEDIATE CAUSE (a) CANCIRO MATOLIS		
11			OCUMENT		,	
2 7 2			۲	Conditions, if any, DUE TO (b) CANCINOMA OF LUC	ب نه	
_	SIE IS	1	ı	which gave rise to above cause (a), stating the under-		
13	╒╞╾╅	1-1-1		stating the under- lying cause last. DUE TO (c)		<del></del>
	ا اوَ			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III, if deceased there a pregnan	was female wancy in last 90 days
75	2			Giscase condition growth (4)	☐ Yes ☐	
´	핇	1   1		19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in	<u>'</u>	
	AMENDMENT			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in PERFORMED? YES NO .	,,	··-···
_	필	1		20c. TIME OF Hour Month, Day, Year		
JÓ	<b>₹ </b>			INJURY a.m. p.m.		
RIBBON				204 INJURY OCCUPPED 20e PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION	COUNTY	STATE
				WHILE AT WORK  farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK		
2 % #	용	1			0/05//0	
BLACK OR RITER R	READ			21. I attended the deceased from the him him		
_ ¥	SHOULD			Death occurred at 12:15 P m on the date stated above, and to the best of r	ny knowledge, from the ca	
USE	[]		င်	22a. SIGNATURE (Degree or title) 22b. ADDRESS		22c. DATE SIGNE
USE BLACH OR TYPEWRITER	동		≒	J. E. Churchen M. D. 1515 LAFATETTE	AVE	9/27/67.
			آ ک	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Ci REMOVAL (Specify) . 23d. LOCATION (Ci	ty, town, or county)	(Stafe)
	Š		AFFIDAVIT		is County	Mo.
	₩			Burio 1 10-2-02 UFGENVOOD 25. DATE RECD. BY LOCAL REG. 26. BEGISTE	AR'S SIGNATURE	<i>u</i> ~
	⊑		₽	Atkins Bros. 3644 Finney Ave. DEP 29 1962 Moant	Amula.	7. <i>D</i>

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## STATEMENT BY LICENSED EMBALMER

! hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed John Cummyhamm
Student	Signed John Cummyhamm
Signature of Student Embalmer	

6 183, 0

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

where a lifthis body is not embalmed, fact should be so stated above.

Porniel

Attins inco. 2 LL Firmon inc.